

APPENDIX I



City of Manchester N.H. Welfare Department
1528 Elm Street, Manchester, NH 03110-1510
Phone: 603-624-6484 Fax: 603-624-6423
email: welfare@manchesternh.gov

Paul R. R. Martineau
Welfare Commissioner

Fair Hearing Request

Date: _____

Caseworker: _____

Name: _____

Address: _____

Contact Phone Number: _____

I hereby request a fair hearing to appeal the decision dated _____

regarding my application for general assistance.

Reason for Fair Hearing Request:

IF YOU ARE CURRENTLY RECEIVING ASSISTANCE, COMPLETE THIS SECTION.

I __want __ do not want my current assistance to continue until my appeal has been decided. I understand that if I lose my appeal, I will be obligated to repay the assistance provided to me by the City of Manchester during the time the appeal is being decided.

In order to request a fair hearing, this form must be completed and returned to the City of Manchester N. H. Welfare Office within five (5) days starting with the date of the Notice of Decision at issue. Within seven (7) working days of receipt of this request by the Welfare Official a hearing will be scheduled. You will be notified in writing of the place, date and time of the hearing.

Applicant/Recipient Signature

Date